IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N.,R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

**CERTIFIED MAIL: 70030500000319669890**

August 8, 2008

Debbie Freeze, Administrator
Lewiston Rehabilitation & Care Center
3315 8th Street
Lewiston, ID 83501

Provider #: 135021

Dear Ms. Freeze:

On **July 31, 2008**, a Facility Fire Safety and Construction survey was conducted at Lewiston Rehabilitation & Care Center by the Bureau of Facility Standards/Department of Health & Welfare to determine if your facility was in compliance with State Licensure and Federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs. This survey found that your facility was not in substantial compliance with Medicare and Medicaid program participation requirements. **This survey found the most serious deficiency to be an isolated deficiency that constitutes no actual harm with potential for more than minimal harm that is not immediate jeopardy, as documented on the enclosed CMS-2567, whereby significant corrections are required.**

Enclosed is a Statement of Deficiencies/Plan of Correction, CMS Form 2567L, listing Medicare/Medicaid deficiencies, and a similar form listing licensure health deficiencies. In the spaces provided on the right side of each sheet, answer each deficiency and state the date when each will be completed. **Please provide ONLY ONE completion date for each Federal/State Tag in column X5 (Complete Date), to signify when you allege that each tag will be back in compliance. NOTE: The alleged compliance date must be after the "Date Survey Completed" (located in field X3) and on or before the "Opportunity to Correct" (listed on page 2). After each deficiency has been answered and dated, the administrator should sign both the CMS Form 2567L and State Statement of Deficiencies, in the spaces provided, and return the originals to this office.**

Your Plan of Correction (PoC) for the deficiencies must be submitted by **August 21, 2008**. Failure to submit an acceptable PoC by **August 21, 2008**, may result in the imposition of civil monetary penalties by **September 10, 2008**.

Your PoC must contain the following:

- What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;
- How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
- Include dates when corrective action will be completed.

All references to federal regulatory requirements contained in this letter are found in *Title 42, Code of Federal Regulations*.

Remedies will be recommended for imposition by the Centers for Medicare and Medicaid Services (CMS), if your facility has failed to achieve substantial compliance by **September 4, 2008 (Opportunity to Correct)**. Informal dispute resolution of the cited deficiencies will not delay the imposition of the enforcement actions recommended (or revised, as appropriate) on **September 4, 2008**. A change in the seriousness of the deficiencies on **September 4, 2008**, may result in a change in the remedy.

The remedy, which will be recommended if substantial compliance has not been achieved by **September 4, 2008** includes the following:

Denial of payment for new admissions effective **October 31, 2008**. [42 CFR §488.417(a)]

If you do not achieve substantial compliance within three (3) months after the last day of the survey identifying noncompliance, the CMS Regional Office and/or State Medicaid Agency must deny payments for new admissions.

We must recommend to the CMS Regional Office and/or State Medicaid Agency that your provider agreement be terminated on **January 31, 2009**, if substantial compliance is not achieved by that time.

**Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.**

If you believe these deficiencies have been corrected, you may contact Mark P. Grimes, Supervisor, Facility Fire Safety and Construction, Bureau of Facility Standards, 3232 Elder Street, PO Box 83720, Boise, ID 83720-0036, Phone #: (208) 334-6626, Fax #: (208) 364-1888, with your written credible allegation of compliance. If you choose and so indicate, the PoC may constitute your allegation of compliance. We may accept the written allegation of compliance and presume compliance until substantiated by a revisit or other means. In such a case, neither the CMS Regional Office nor the State Medicaid Agency will impose the previously recommended remedy, if appropriate.

If, upon the subsequent revisit, your facility has not achieved substantial compliance, we will recommend that the remedies previously mentioned in this letter be imposed by the CMS Regional Office or the State Medicaid Agency beginning on **July 31, 2008** and continue until substantial compliance is achieved. Additionally, the CMS Regional Office or State Medicaid Agency may impose a revised remedy(ies), based on changes in the seriousness of the non-compliance at the time of the revisit, if appropriate.

In accordance with 42 CFR §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2001-10. Informational Letter #2001-10 can also be found on the Internet at:

http://www.healthandwelfare.idaho.gov/_Rainbow/Documents/medical/2001_10.pdf
http://www.healthandwelfare.idaho.gov/_Rainbow/Documents/medical/2001_10_attach1.pdf
http://www.healthandwelfare.idaho.gov/_Rainbow/Documents/medical/2001_10_attach2.pdf

This request must be received by **August 21, 2008**. If your request for informal dispute resolution is received after **August 21, 2008**, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during the survey. If you have any questions, please contact us at (208) 334-6626.

Sincerely,

Mark P. Grimes
Supervisor
Facility Fire Safety and Construction

MPG/lj

Enclosures

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 135021 | A. BUILDING 01<br>B. WING _____ | 07/31/2008 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LEWISTON REHAB & CARE CENTER | 3315 8TH ST<br>LEWISTON, ID 83501 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| K 000 | INITIAL COMMENTS<br><br>The facility is a single story Type V (111) building with a finished basement. The structure was built in 1965 with a complete renovation in 1998. Smoke detectors are provided throughout in corridors, open spaces and resident sleeping rooms. The facility is currently licensed for 96 snf/nf beds.<br><br>The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on July 31, 2008. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Existing Health Care Occupancy, adopted 11 March, 2003. In accordance with 42 CFR 482.41.<br><br>The Survey was conducted by:<br><br>Taylor Barkley,<br>Health Facility Surveyor<br>Fire/Life Safety | K 000 | RECEIVED<br>AUG 20 2008<br>FACILITY STANDARDS<br><br>This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, _Lewiston Rehabilitation & Care Center does not admit that the deficiencies listed on the CMS Form 2567L exist, nor does the Facility admit to any statements, findings, facts or conclusions that form the basis for the alleged deficiencies. The Facility reserves the right to challenge in legal proceedings, all deficiencies, statements, findings, facts and conclusions that form the basis for the deficiency. | |
| K 056 SS=D | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 | K 056 | K056 NFPA 101 Life Safety Code Standard SS=D<br><br>Simplex Grinnell will have the automatic sprinkler system conformed to NFPA 13 Standards by August 27, 2008. | 8/28/08 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Debbie Freeze Debbie Freeze TITLE: Executive Director (X6) DATE: 8/18/08

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Printed: 08/07/2008
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 135021 | A. BUILDING 01<br>B. WING _____ | 07/31/2008 |

| E OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| LEWISTON REHAB & CARE CENTER | 3315 8TH ST<br>LEWISTON, ID 83501 |

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| K 056 | Continued From page 1<br><br>This Standard is not met as evidenced by:<br>Based on observation the facility did not ensure that the sprinkler system was installed in accordance with NFPA 13. This deficiency has the ability to effect sprinkler head response time and the response of the correct sprinkler head in the event of a fire. The facility had a census of ninety two residents on the day of the survey.<br><br>Findings include:<br><br>1. During the tour of the facility on July 31, 2008 at 9:55 AM, observation of the sprinkler heads in the administrative hallway revealed one quick response sprinkler head mixed with ordinary response sprinkler heads This was observed by the surveyor and the maintenance supervisor. This deficiency affected twenty four residents and ten staff in one of six smoke compartments.<br><br>2. During the tour of the facility on July 31, 2008 at 11:00 AM, observation of the sprinkler heads in the C wing hallway revealed one quick response sprinkler head mixed with ordinary response sprinkler heads This was observed by the surveyor and the maintenance supervisor. This deficiency affected twenty eight residents and five staff in one of six smoke compartments. | K 056 | | |

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| C 000 | 16.03.02 INITIAL COMMENTS<br><br>The Administrative Rules of the Idaho Department of Health and Welfare, Skilled Nursing and Intermediate Care Facilities are found in IDAPA 16, Title 03, Chapter 2.<br>The facility is a single story Type V (111) building with a finished basement. The structure was built in 1965 with a complete renovation in 1998. Smoke detectors are provided throughout in corridors, open spaces and resident sleeping rooms. The facility is currently licensed for 96 snf/nf beds.<br><br>The following deficiencies were cited during the annual Fire Life Safety survey conducted on July 31, 2008. The facility was surveyed under IDAPA 16.03.02, Rules and Minimum Standards for Skilled Nursing and Intermediate Care Facilities.<br><br>The surveyor conducting the survey was:<br><br>Taylor Barkley<br>Health Facility Surveyor<br>Fire / Life Safety | C 000 | RECEIVED<br>AUG 20 2008<br>FACILITY STANDARDS<br>This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, _Lewiston Rehabilitation & Care Center does not admit that the deficiencies listed on the CMS Form 2567L exist, nor does the Facility admit to any statements, findings, facts or conclusions that form the basis for the alleged deficiencies. The Facility reserves the right to challenge in legal proceedings, all deficiencies, statements, findings, facts and conclusions that form the basis for the deficiency. | |
| C 226 | 02.106 FIRE AND LIFE SAFETY<br><br>106. FIRE AND LIFE SAFETY. Buildings on the premises used as facilities shall meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to health care facilities.<br><br>This Rule is not met as evidenced by:<br>Refer to the following Federal "K" tags on the | C 226 | C226<br><br>Simplex Grinnell will have the automatic sprinkler system conformed to NFPA 13 Standards by August 27, 2008. | 8/28/08 |

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Debbie Peace — L.D. RNME21 — 8/18-08

TATE FORM 6899 (02-99)

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|---|---|---|---|---|
| C 226 | Continued From Page 1<br><br>CMS - 2567:<br><br>1. K056 Mixing quick response and ordinary response sprinkler heads. | C 226 | | |